الم المارية

## PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

		<b>a</b>
CORPORATION REINSTATEMENT OF STATE  SUCRETARY ISLAND  SOCIETY ISLAND  SOCIETY ISLAND  SOCIETY ISLAND  SOCIETY ISLAND  SOCIETY OF STATE  SOCIETY ISLAND  SOCIETY OF STATE  SOCIETY ISLAND  SOCIETY OF STATE  SOCIET		FILED 02 FEB 28 PM 3: 06
DOCUMENT #P96000095846  1. Corporation Name  Class Is marted . To 6:		SECRETARY: OF STATE TALLAHASSEE, FLORIDY
Glass limited, Inc. 1100 Commercial Blod #108 100 Commercial Blod #108 100 Maples, Fl 34104 W0200004742  3. Mailing Office Address		r.
5aml	Jmailing Office Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. Date Incorporated or Qualified To Do Business in Florida
City & State	City & State	To Do Business in Florida 11 - 9 0
Zip Country	Zip Country	59 - 3408613 Not Applicable  6. CERTIFICATE OF STATUS DESIRED (378 Additional Representation) Status
7. Name and Address of Current Registered Agent		
Name VICtoria, Filis		
Street Address (P.O. Box Number is Not Acceptable)  500050741755  -03/08/0201085-028  Suite, Apt. #, Etc.  ****458.75 ************************************		
City State Zip Code Bart FL 3417		
8. 1, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.		
Signature of Registered Agent VLGCa EOL REGISTERED AGENT MUST SIGN  Date 1-15-02		
9. Names and Street Addresses of Each Officer a	and/or Director (Florida nonprofit corporations must list at lea	ast 3 directors)
Titles Name of Officers and/or Directo	Street Address of Each Officer and/or Director	
Pas Bene Ellis	1261 254 St Su	) Papies, FI 3417
VPres Victoria Dis	(+1 (Ces) "	
Sec Diane Hilton	1803 41 <sup>55</sup> St St.	) Naptes, F1 34116
•		
	•	
10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.		